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| Fill in this information to identify your case: | |
|---|---|
| United States Bankruptcy Court for the: Northern District of: Illinois | |
| (State) Case number (if known) | Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13 |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself | | |
|----|---|--------------------------------|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name Write the name that is on | Rochelle First name | First name |
| | your government-issued picture identification (for example, your driver's license or passport | Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last | First name | First name |
| | 8 years Include your married or | Middle name | Middle name |
| | maiden names. | Last name | Last name |
| | | First name | First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | XXX - XX- 0106 OR 9 xx - xx- | xxx - xx- or 9 xx - xx- |

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| D | ebtor 1 Rochelle | | Case number (if known) |
|----|--|---|--|
| | First Name | Middle Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 7254 S. Washtenaw Number Street | Number Street |
| | | Chicago Illinois 60629 | |
| | | City State Zip Code | City State Zip Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | 0'1 | |
| | | City State Zip Code | City State Zip Code |
| 6. | Why you are choosing this district | Check one: | Check one: |
| | to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| Debtor 1 Rochelle | | Johnson | Case number (if kno | own) |
|---|--|--|--|---|
| First Name | Middle Name | Last Name | | |
| Part 2: Tell the Court Ab | out Your Bankruptcy Ca | ise | | |
| The chapter of the Bankruptcy Code you are choosing to file under | | description of each, see <i>Notice Req</i> | | |
| 8. How you will pay the fee | more details about I cashier's check, or r may pay with a cred I need to pay the feal Individuals to Pay Y I request that my feal in it is not the official poverty I you choose this option | how you may pay. Typically, if you money order If your attorney is dit card or check with a pre-print ee in installments. If you choose your Filing Fee in Installments (Coee be waived (You may request ot required to, waive your fee, and line that applies to your family significant. | ou are paying the submitting you ed address. e this option, sign official Form 103 official form only and may do so onlize and you are use. | the clerk's office in your local court for e fee yourself, you may pay with cash, in payment on your behalf, your attorney an and attach the <i>Application for</i> (A). If you are filling for Chapter 7. By law, a lay if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official) |
| 9. Have you filed for bankruptcy within the last 8 years? | Yes. District District District | WhenWhenWhen | MM / DD / YYYY | Case number Case number Case number |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ✓ No. Yes. Debtor District Debtor District | <u>W</u> hen <u>W</u> hen | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known |
| 11. Do you rent your residence? | ✓ No. Go to | · - | | you want to stay in your residence? St You (Form 101A) and file it with |

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Debtor 1 Rochelle Johnson Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Rochelle Johnson Case number (if known)
First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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| Debtor 1 Rochelle | | | ase number <i>(if known)</i> | |
|---|---|---|---|--|
| Part 6: Answer These Que | Middle Name estions for Reporting Purposes | Last Name | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primarily | consumer debts? Consult primarily for a personal, for a personal | amily, or household purpose.' ss debts are debts that you incoperation of the business or i | curred to obtain |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that f | r 7. Do you estimate that afte | r any exempt property is excluderibute to unsecured creditors? | ed and administrative |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 50,001 | -50,000 -100,000 aan 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$1 \$10,000,001-\$ \$50,000,001-\$ \$100,000,001- | 50 million | 00,001-\$1 billion ,000,001-\$10 billion 0,000,001-\$50 billion an \$50 billion |
| 20. How much do you estimate your liabilities to be? | □ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million | \$1,000,001-\$1 \$10,000,001-\$ \$50,000,001-\$ \$100,000,001-\$ | 50 million | 00,001-\$1 billion ,000,001-\$10 billion 0,000,001-\$50 billion an \$50 billion |
| Part 7: Sign Below | | | | |
| For you | I have examined this petition, arcorrect. If I have chosen to file under Chof title 11, United States Code. under Chapter 7. If no attorney represents me an out this document, I have obtain | napter 7, I am aware that I I understand the relief ava d I did not pay or agree to ned and read the notice re | may proceed, if eligible, under ailable under each chapter, and pay someone who is not an a equired by 11 U.S.C. § 342(b). | Chapter 7, 11,12, or 13 d I choose to proceed attorney to help me fill |
| | I request relief in accordance will understand making a false state connection with a bankruptcy oboth. 18 U.S.C. §§ 152, 1341, | tement, concealing proper case can result in fines up 1519, and 3571. | rty, or obtaining money or pro to \$250,000, or imprisonmen | perty by fraud in |
| | /s/ Rochelle Johnson Signature of Debtor 1 | · | Signature of Debtor 2 | |
| | Executed on 5/2/2017 MM / DE | D/YYYY | Executed on | D / YYYY |

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| Debtor 1 Rochelle | | Johnson | Case number (if k | nown) |
|--|----------------------------|-------------------------|------------------------------|--|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about I States Code, and have explained the so certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § | 342(b) and, in a case in w | hich § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge afte | r an inquiry that the i | information in the schedu | les filed with the petition is incorrect. |
| attorney, you do not | 4.5 | | | |
| need to file this page. | /s/ Sean McNulty | | Date | 5/2/2017 |
| | Signature of Attorney f | or Debtor | ——— MI | M / DD / YYYY |
| | | | | |
| | | | | |
| | Sean McNulty | | | |
| | Printed name | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 11101 S. Western Ave | enue | | |
| | Street | | | |
| | | | | |
| | | | | |
| | Chicago | | Illinois | 60643 |
| | City | | State | Zip Code |
| | | | | |
| | Contact phone | 3128374030 | Email address | smcnulty@semradlaw.com |
| | | | | |
| | | | Illinois | |
| | Bar number | | State | |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1 | Rochelle | | Johnson | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois | | | | |
| Case number (If known) | | | (State) | | | | |

| Check if this is an | |
|---------------------|--|
| amended filing | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B) | \$116,666.66 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | \$10,577.50 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | Ψ10,377.30 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$127,244.16 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$260,927.00 |
| s. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$11,321.00 |
| Your total liabilities | \$272,248.00 |
| Part 3: Summarize Your Income and Expenses | |
| | |
| I. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,821.67 |
| 5. Schedule J: Your Expenses (Official Form 106J) | \$2,646.00 |
| | JZ.040.00 |

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| Deb | tor 1 | Rochelle First Name | Middle Name | Johnson Last Name | Case number (if known) | |
|------|------------|---|--|---|--|------------|
| Part | 4: | | | ive and Statistical Reco | rds | |
| [|] N | . , | under Chapters 7, 11, or | | it this form to the court with your other sc | hedules. |
| - | ✓ Y | | consumer debts. Consu | | by an individual primarily for a personal, | |
| | ¬ γ | | rily consumer debts. Yo | ill out lines 8-10 for statistical u have nothing to report on the | purposes. 28 U.S.C. § 159. his part of the form. Check this box and su | ubmit |
| | | | Current Monthly Income rm 122B Line 11; OR, Fo | e: Copy your total current mor | nthly income from Official | \$2,998.31 |
| 9. | Сор | y the following special | categories of claims fro | m Part 4, line 6 of Schedule | ₽ E/F: | |
| | Fror | m Part 4 on Schedule E | /F, copy the following: | | Total claim | |
| | 9a. I | Domestic support obligati | ions (Copy line 6a.) | | \$0.00 | |
| | 9b. | Taxes and certain other d | ebts you owe the governr | ment. (Copy line 6b.) | \$0.00 | |
| | 9c. (| Claims for death or perso | nal injury while you were i | ntoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. | Student loans. (Copy line | 6f.) | | \$0.00 | |
| | | Obligations arising out of rity claims. (Copy line 6g.) | | r divorce that you did not repo | ort as \$0.00 | |
| | 9f. [| Debts to pension or profit | -sharing plans, and other | similar debts. (Copy line 6h.) | \$0.00 | |

\$0.00

9g. Total. Add lines 9a through 9f.

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| Fill in this in | nformation to identify your case: | | |
|---|--|--|---|
| Debtor 1 | Rochelle | Johnson | |
| Debtor 2 | First Name Middle N | Name Last Name | |
| (Spouse, if filing | g) First Name Middle N | Name Last Name | |
| United State | es Bankruptcy Court for the: Northern | District of Illinois | |
| Case numb (If known) | | (State) | |
| Official | Form 106A/B | | Check if this is an amended filing |
| Sched | ule A/B: Property | | 12/1 |
| category wheresponsible write your name Part 1: | here you think it fits best. Be as complete a for supplying correct information. If more s name and case number (if known). Answer e escribe Each Residence, Building, La | ist an asset only once. If an asset fits in more that and accurate as possible. If two married people a space is needed, attach a separate sheet to this every question. Ind., or Other Real Estate You Own or Have in any residence, building, land, or similar proper. | re filing together, both are equally form. On the top of any additional pages, an Interest In |
| | No. Go to Part 2 Yes. Where is the property? | , , , , , , | |
| 1.1 | Street address, if available, or other description 7254 S. Washtenaw Number Street Chicago Illinois 60629 City State Zip Code Cook County | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? \$116666.66 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Check if this is community property (see instructions) |
| 1.2 | Street address, if available, or other description Number Street City State Zip Code | What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it property identification number: | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Check if this is community property (see instructions) |

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| otor 1 Rocl | helle | | Johnson Case num | ber (if known) | |
|---------------------|--|-----------------------------|--|---|--|
| First | Name | Middle Name | Last Name | · · · · · · | |
| Street ac | ddress, if available, or c | | What is the property? Check all that apply. Single-family home Duplex or multi-unit building | the amount of any secu | claims or exemptions. Pured claims on Schedule in its Secured by Property. |
| | | | Condominium or cooperative Manufactured or mobile home | Current value of the entire property? | Current value of the portion you own? |
| Number | Street | Zip Code | Land Investment property Timeshare Other | Describe the nature of interest (such as fee stee the entireties, or a life | simple, tenancy by |
| | | | Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co (see instructions) | mmunity property |
| | dollar value of the p ttached for Part 1. V | ا ortion you own for | Other information you wish to add about this iter property identification number: all of your entries from Part 1, including any entrere. | ies for nages | 6666.66 |
| own that s | | you lease a vehicle, | t in any vehicles, whether they are registered or also report it on Schedule G: Executory Contracts an cycles | - | |
| Yes | | | | | |
| Yea | odel: ar: | Toyota Corolla 2009 | Who has an interest in the property? Check one. Debtor 1 only | the amount of any sec | claims or exemptions. If ured claims on <i>Scheduleaims Secured by Propen</i> |
| | oroximate mileage: | 80000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? \$4725.00 | Current value of the portion you own? \$4725.00 |
| | | | Check if this is community property (see instructions) | | |
| 3.2 Ma Mo Yea | del: | Hyundai Veracruz 2010 | Who has an interest in the property? Check one. Debtor 1 only | the amount of any sec | claims or exemptions. ured claims on <i>Schedul</i> aims Secured by Proper |
| | oroximate mileage: | 75000 | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Current value of the entire property? \$7975.00 | Current value of the portion you own? \$3987.50 |
| | | | Check if this is community property (see instructions) | | |

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| | Rochelle First Name | Middle Name | Johnson Last Name | Case numb | er (if known) | |
|------|--|-------------|---|---|---|--|
| 3.3 | Make Model: Year: Approximate mileage: | | Who has an interest in the one. Debtor 1 only | property? Check | | red claims on Schedule aims Secured by Propert |
| | Other information: | | Debtor 2 only Debtor 1 and Debtor 2 o | nlv | Current value of the entire property? | Current value of the portion you own? |
| | Other information. | | At least one of the debto | • | | |
| | | | Check if this is communications) | | | |
| 3.4 | Make | | Who has an interest in the | property? Check | Do not deduct secured | · · |
| | Model: Year: | - | one. Debtor 1 only | | the amount of any secu Creditors Who Have Cla | aims Secured by Propert |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 o | nly | entire property? | portion you own? |
| | | | At least one of the debto | rs and another | | |
| | | | Check if this is commu | inity property (see | | |
| Exar | | • | ner recreational vehicles, othe ft, fishing vessels, snowmobiles, | • | | |
| Exar | nples: Boats, trailers, motors No Yes | • | ner recreational vehicles, othe | motorcycle accessor | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> |
| Exar | mples: Boats, trailers, motors No Yes Make Model: Year: | • | ner recreational vehicles, othe ft, fishing vessels, snowmobiles, Who has an interest in the | motorcycle accessor | Do not deduct secured the amount of any secu | red claims on <i>Schedule</i> |
| Exar | mples: Boats, trailers, motors No Yes Make Model: | • | who has an interest in the one. Debtor 1 only Debtor 2 only | motorcycle accessor property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | rred claims on Schedule aims Secured by Propert Current value of the |
| Exar | mples: Boats, trailers, motors No Yes Make Model: Year: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o | motorcycle accessor property? Check | Do not deduct secured the amount of any secu Creditors Who Have Cla | red claims on Schedule ims Secured by Propert |
| Exar | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | who has an interest in the one. Debtor 1 only Debtor 2 only At least one of the debto | motorcycle accessor property? Check nly rs and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | rred claims on Schedule aims Secured by Propert Current value of the |
| Exar | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o | motorcycle accessor property? Check nly rs and another | Do not deduct secured the amount of any secu Creditors Who Have Cla | rred claims on Schedule aims Secured by Propert Current value of the |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debto instructions) Who has an interest in the | property? Check Inly rs and another unity property (see | Do not deduct secured the amount of any secu Creditors Who Have Clater Current value of the entire property? | red claims on Schedule aims Secured by Propert Current value of the portion you own? claims or exemptions. F |
| 4.1 | Make Model: Other information: Make Model: Make Model: Make Model: Model: Model: Model: Model: Model: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto instructions) Who has an interest in the one. | property? Check Inly rs and another unity property (see | Do not deduct secured the amount of any secucreditors Who Have Classian Current value of the entire property? Do not deduct secured the amount of any secured. | claims or Schedule control of the portion you own? claims or exemptions. For the portion of the |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only | property? Check Inly rs and another unity property (see | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secucreditors Who Have Classifications | red claims on Schedule ims Secured by Propert Current value of the portion you own? claims or exemptions. Fured claims on Schedule ims Secured by Propert |
| 4.1 | mples: Boats, trailers, motors No Yes Make Model: Year: Approximate mileage: Other information: Make Model: Year: Approximate mileage: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only | property? Check nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the | claims or Schedule control of the portion you own? claims or exemptions. For the portion of the |
| 4.1 | Make Model: Other information: Make Model: Year: Approximate mileage: Other information: Make Model: Year: | • | who has an interest in the one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 o At least one of the debto Check if this is communinstructions) Who has an interest in the one. Debtor 1 only | motorcycle accessor property? Check nly rs and another inity property (see property? Check | Do not deduct secured the amount of any secucreditors Who Have Classification Current value of the entire property? Do not deduct secured the amount of any secucreditors Who Have Classifications | claims or schedule portion you own? claims or exemptions. I lired claims on Schedule aims Secured by Propertion you own? |

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Debtor 1 Rochelle Johnson Case number (if known) Middle Name First Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Misc. Household Goods \$400.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... Misc. Electronics \$125.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections, other collections, memorabilia, collectibles Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$250.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc. Jewelry \$50.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1825.00 for Part 3. Write that number here

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Debtor 1 Rochelle Johnson Case number (if known) First Name Middle Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ✓ Yes \$40.00 Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: Guaranty Bank \$0.00 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

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| Debt | tor 1 Rochelle | | Johnson | Case number (if known) | <u> </u> |
|------|---|--|----------------------------|---|----------|
| | First Name | Middle Name | Last Name | | |
| 20. | Negotiable instruments Non-negotiable instrum No No Yes. Give specific | porate bonds and other negotial include personal checks, cashiers' nents are those you cannot transfer | checks, promissory no | ites, and money orders. | |
| | information about them | Issuer name: | | | |
| | | | | | |
| 21 | Retirement or pension | n accounts | | | |
| 21. | | | , thrift savings account | s, or other pension or profit-sharing plans | |
| | Yes. List each | Type of account: | Institution name: | | |
| | account separately. | 401(k) or similar plan: | | | |
| | | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: | | | |
| | | Keogh: | | | |
| | | Additional account: | | | |
| | | Additional account: | , | | |
| 22. | | I prepayments d deposits you have made so that with landlords, prepaid rent, public | | | |
| | Yes | Electric: | | | |
| | | Gas: | | | |
| | | Heating oil: | | | |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | |
| | | Telephone: | | | |
| | | Water: | | | |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | | or a periodic payment of money to | you, either for life or fo | r a number of years) | |
| | ✓ No Yes | Issuer name and description: | | | |
| | | | | | |
| | | , | | | |
| | | | | | |

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| Debt | or 1 Rochelle First Name | MC data No | Johnson | Case number (if known) | |
|------|--|---|--|--|---|
| 24. | | Middle Na | ame Last Name bunt in a qualified ABLE program, or under a | a qualified state tuition program | |
| 24. | | (b)(1), 529A(b), and 529(b | | a quanneu state tuition program. | |
| | ✓ No | | | | |
| | Yes | stitution name and descript | ion. Separately file the records of any interests. | 11 U.S.C. § 521(c): | |
| | | | | | |
| | | | | | |
| | <u> </u> | | | | |
| 25. | Trusts, equitable | e or future interests in pr | operty (other than anything listed in line 1) | and rights or powers | |
| | exercisable for y | | opers, (easer and any anning needs in time s, | , and riginio or ponoro | |
| | ✓ No | | | | |
| | Yes. Describe |) | | | |
| | | | | | |
| 26. | Patents, copyrig | hts, trademarks, trade s | ecrets, and other intellectual property | | |
| | Examples: Interne | et domain names, websites | , proceeds from royalties and licensing agreem | ents | |
| | ✓ No | | | | |
| | Yes. Describe |) | | | |
| | | | | | |
| 27. | Licenses, franch | ises, and other general i | ntangibles | | |
| | Examples: Buildin | g permits, exclusive license | es, cooperative association holdings, liquor lice | nses, professional licenses | |
| | ✓ No | | | | |
| | Yes. Describe |) | | | |
| | | | | | |
| | | | | | |
| Mor | ney or property | owed to you? | | | Current value of the |
| Mor | ney or property | owed to you? | | | Current value of the portion you own? |
| Mor | ney or property | owed to you? | | | portion you own? Do not deduct secured |
| | ney or property Tax refunds owed | | | | portion you own? |
| | Tax refunds owed | | | | portion you own? Do not deduct secured |
| | Tax refunds owed No Yes. Give spe | I to you | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed ✓ No — Yes. Give spe about th | I to you cific information em, including whether | | | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| | Tax refunds owed No Yes. Give spe about th you alrea | I to you | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the | I to you cific information em, including whether ady filed the returns | | | portion you own? Do not deduct secured claims or exemptions. \$0.00 |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: vorce settlement, property settlemen Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: vorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: vorce settlement, property settlemen Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, di | State: Local: vorce settlement, property settlemen Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No | cific information em, including whether ady filed the returns tax years | pousal support, child support, maintenance, div | State: Local: vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed ✓ No Yes. Give spe about th you alrea and the Family support Examples: Past du ✓ No Yes. Give spe | cific information em, including whether ady filed the returns tax years e or lump sum alimony, sp | pousal support, child support, maintenance, div | State: Local: vorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 |
| 29. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du ✓ No ✓ Yes. Give spe Other amounts s Examples: Unpaid | cific information em, including whether ady filed the returns tax years e or lump sum alimony, sp cific information | payments, disability benefits, sick pay, vacatio | State: Local: vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du ✓ No ✓ Yes. Give spe Other amounts s Examples: Unpaid | cific information em, including whether ady filed the returns tax years e or lump sum alimony, sp cific information | | State: Local: vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed No Yes. Give spe about th you alrea and the Family support Examples: Past du No Yes. Give spe Other amounts s Examples: Unpaid Social S | cific information em, including whether ady filed the returns tax years e or lump sum alimony, sp cific information | payments, disability benefits, sick pay, vacatio | State: Local: vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed No Yes. Give spe about th you alreated and the Family support Examples: Past du No Yes. Give spe Other amounts s Examples: Unpaid Social S | cific information em, including whether ady filed the returns tax years e or lump sum alimony, sp cific information | payments, disability benefits, sick pay, vacatio | State: Local: vorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb | tor 1 Rochelle | | Johnson | Case number (if known) | |
|------|--|--|--|--|---|
| | First Name | Middle Nam | e Last Name | | |
| 31. | Interests in insurance Examples: Health, disal | | ealth savings account (HSA); credit, h | omeowner's, or renter's insurance | |
| | Yes. Name the instrong of each policy and | | Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you are the beneficial property because some | y of a living trust, expect | n someone who has died proceeds from a life insurance policy | y, or are currently entitled to receive | |
| 33. | | | you have filed a lawsuit or made surance claims, or rights to sue | a demand for payment | |
| 34. | Other contingent and to set off claims No Yes. Describe | I unliquidated claims o | f every nature, including counterd | claims of the debtor and rights | |
| 35. | Any financial assets y No Yes. Describe | rou did not already list | | | |
| 36. | | - | om Part 4, including any entries fo | | \$40.00 |
| Part | 5: Describe Any B | usiness-Related Pr | operty You Own or Have an Ir | nterest In. List any real estate in Part | 1. |
| 37. | Do you own or have a | ny legal or equitable i | nterest in any business-related pr | operty? | |
| | No. Go to Part 6. Yes. Go to line 38. | | | p _i D | urrent value of the ortion you own? o not deduct secured claims rexemptions |
| 38. | Accounts receivable | or commissions you al | ready earned | | |
| | ✓ No Yes. Describe | | | | |
| 39. | Examples: Business-re | nishings, and supplies lated computers, softwar | re, modems, printers, copiers, fax ma | achines, rugs, telephones, desks, chairs, electr | ronic devices |
| | ✓ No Yes. Describe | | | | |
| | | <u></u> | | | |

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| Deb | tor 1 Rochelle | | Case number (if known) | |
|----------|--------------------------------------|--|---------------------------|---------------------------------------|
| | First Name | Middle Name Last Name | | |
| 40. | Machinery, fixtures, ed | quipment, supplies you use in business, and tools of your trade | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |
| 41. | Inventory | | | |
| | ✓ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | - | | | |
| 42. | Interests in partnershi | ps or joint ventures | | |
| | ✓ No | | | |
| | = | Name of entity: | % of ownership: | |
| | Yes. Give specific information about | | | |
| | them | | | |
| | | | | |
| | | | | |
| 43 | Customer lists, mailing | lists, or other compilations | | |
| | _ | , or only compression | | |
| | ✓ No | | | |
| | Yes. Do your lists in | clude personally identifiable information (as defined in 11 U.S.C. § 10 |)1(41A))? | |
| | ☐ No | | | |
| | Yes. Descri | ihe | | |
| | 163. Beson | | | |
| 44. | Any business-related p | property you did not already list | | |
| | | | | |
| | No | | | |
| | Yes. Give specific information | | | |
| | information | | | _ |
| | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| 45. A | dd the dollar value of a | ll of your entries from Part 5, including any entries for pages you | u have attached | |
| | | r here | | |
| <u> </u> | D | and Communical Fishing Bolets d Brown at West Co. | | |
| Pari | | rm- and Commercial Fishing-Related Property You Ow interest in farmland, list it in Part 1. | n or have an interest in. | |
| | | | | |
| 46. | Do you own or have ar | ny legal or equitable interest in any farm- or commercial fishing | | |
| | No. Go to Part 7. | | | Current value of the portion you own? |
| | Yes. Go to line 47. | | | Oo not deduct secured claims |
| | | | | or exemptions |
| 47. | Farm animals | | | |
| | Examples: Livestock, po | oultry, farm-raised fish | | |
| | √ No | | | |
| | Yes. Describe | | | |
| | | | | |
| | | | | |

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| Debt | or 1 Rochelle First Name | | ohnson ast Name | Case number (if known) | |
|--------------|-----------------------------|--|-------------------------|------------------------------|--------------|
| 48. | Crops-either growing of | | BI IVAITIO | | |
| | No No | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| 49. | Farm and fishing equip | ment, implements, machinery, fixture | s, and tools of trade | | |
| | No No | | | | |
| | Yes. Describe | | | | |
| | _ | | | | |
| 50. | Farm and fishing suppl | ies, chemicals, and feed | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 51. | Any farm- and commer | cial fishing-related property you did n | ot already list | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 52 A | dd the dollar value of al | l of your entries from Part 6, including | any entries for nages v | ou have attached | |
| | | here | | | |
| | | | | _ | |
| | | | | | |
| Part 7 | 7: Describe All Pro | perty You Own or Have an Intere | st in That You Did No | t List Above | |
| 53. | | perty of any kind you did not already li s, country club membership | st? | | |
| | No | s, country club membership | | | |
| | Yes. Give specific | | | | |
| | information | | | | |
| | | | | | |
| | | | | 1 | |
| 54. A | dd the dollar value of al | I of your entries from Part 7. Write tha | t number here | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| Part 8 | List the Totals of | Each Part of this Form | | | |
| | Sout de Total manifestate | line 0 | | | \$116666.66 |
| 55. F | Part 1: Total real estate | , line 2 | | | |
| 56. p | oart 2 total vehicles, line | e 5 | \$8712.50 | | |
| 57. P | art 3: Total personal an | d household items, line 15 | \$1825.00 | | |
| 58. P | art 4: Total financial as | sets, line 36 | \$40.00 | | |
| 59. F | Part 5: Total business-re | elated property, line 45 | Ψ.0.00 | | |
| 60. F | Part 6: Total farm- and f | ishing-related property, line 52 | | | |
| | Part 7: Total other prope | | | | |
| | | Add lines 56 through 61. | | | |
| V2. I | . J.a. polodiai property. | . a.a mioo oo anough o i | \$10577.50 | Copy personal property total | + \$10577.50 |
| | | | | | \$127244.16 |
| 63. T | otal of all property on S | chedule A/B. Add line 55 + line 62 | | | ψ121277.10 |

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| Debtor 1 R | Rochelle | | Johnson | Case number (if known) | |
|------------|------------|--------------|------------|------------------------|--|
| | Tunk Manna | Middle Nones | Look Money | | |

Schedule A/B: Property. Additional page

| Part 3: Describe Your Personal and Household Items | | | | | |
|--|---|--|--|--|--|
| Do you own or hav | ve any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | |
| 6.2. Household good | ds and furnishings | | | | |
| No ✓ Yes. Describe | Stove and Refridgerator | \$1000.00 | | | |

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| Fill in this infor | mation to identify your c | ase: | | |
|---|---------------------------|-------------|----------------------|--|
| Debtor 1 | Rochelle | | Johnson | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois | |
| | | | (State) | |
| Case number | | | | |
| (If known) | | | | |

Official Form 106C

Check if this is an amended filing

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Clair | m as Exempt | | | | | |
|----|--|---|---|------------------------------------|--|--|--|
| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you. | | | | | | |
| | You are claiming state and federal | nonbankruptcy exemp | otions. 11 U.S.C. § 522(b)(3) | | | | |
| | You are claiming federal exemption | ns. 11 U.S.C. § 522(b)(| 2) | | | | |
| 2. | For any property you list on Schedule A | A/B that you claim as e | exempt, fill in the information below. | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | |
| | Brief description: 7254 S. Washtenaw, Chicago, IL 60629 Line from Schedule A/B: 01 | \$116,666.66 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 | | | |
| | Brief description: Misc. Household Goods Line from Schedule A/B: 06 | \$400.00 | \$400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) | | | |
| 3. | ✓ No | ery 3 years after that for | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? | | | | |

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 Debtor 1 First Name
 Rochelle First Name
 Johnson Last Name
 Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|--|---|--|
| | Copy the value from Schedule A/B | | |
| Brief description: | \$250.00 | \$250.00 | 735 ILCS 5/12-1001(a) |
| Used Clothing Line from Schedule A/B: 11 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$50.00 | \$50.00 | 735 ILCS 5/12-1001(b) |
| Misc. Jewelry Line from Schedule A/B: 12 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$125.00 | \$125.00 | 735 ILCS 5/12-1001(b) |
| Misc. Electronics Line from Schedule A/B: 07 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$40.00 | \$40.00 | 735 ILCS 5/12-1001(b) |
| Cash on Hand Line from Schedule A/B: 16 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$4,725.00 | \$0 | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Toyota Corolla, 2009 Line from Schedule A/B: 03 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$3,987.50 | \$0 | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Hyundai Veracruz, 2010 Line from Schedule A/B: 03 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$1,000.00 | \$0 | 735 ILCS 5/12-1001(b) |
| Stove and Refridgerator Line from Schedule A/B: 06 | | 100% of fair market value, up to any applicable statutory limit | _ |
| Brief description: | \$0.00 | ✓ | 735 ILCS 5/12-1001(b) |
| Checking account, | | \$0 100% of fair market value, up to any | <u> </u> |

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| Fill in | this information to identify your car | se: | | | |
|------------------|---|---|--|---|-----------------------------------|
| Debto | or 1 Rochelle | Johnson | | | |
| Debic | First Name | Middle Name Last Name | | | |
| Debto | or 2 | | | | |
| | e, if filing) First Name | Middle Name Last Name | | | |
| United | d States Bankruptcy Court for the: | Northern District of Illinois | | | |
| Case (If know | number vn) | (State) | | | |
| Off | icial Form 106D | | 1 | | Check if this is a amended filing |
| | | ors Who Have Claims Secure | ed by Prop | ertv | 12/1 |
| | | ele. If two married people are filing together, both are equ | | | |
| | space is needed, copy the Additio and case number (if known). | onal Page, fill it out, number the entries, and attach it to t | his form. On the top | of any additional pa | ges, write your |
| | Do any creditors have claims se | ecured by your property? | | | |
| Г | No. Check this box and subm | nit this form to the court with your other schedules. You have | e nothing else to rep | ort on this form. | |
| į | Yes. Fill in all of the information | | | | |
| Part | 1: List All Secured Claims | | | | |
| 2. | List all secured claims. If a credit | tor has more than one secured claim, list the creditor | Column A | Column B | Column C |
| | | nan one creditor has a particular claim, list the other creditors | Amount of claim | Value of | Unsecured |
| | in Part 2. As much as possible, list name. | the claims in alphabetical order according to the creditor's | Do not deduct the value of collateral. | collateral that supports this claim | portion If any |
| 2.1 | Santander Consumer USA | | \$14,709.00 | \$7,975.00 | \$6,734.00 |
| 2.1 | Creditor's Name | Describe the property that secures the claim: | Ψ14,703.00 | Ψ1,313.00 | ψ0,7 04.00 |
| | 14101 MYFORD RD FL 2 Number Street | 2010 Hyundai Veracruz As of the date you file, the claim is: Check all that apply. | | | |
| | Number Street | Contingent | | | |
| | | = * | | | |
| | TUSTIN CA 92780 City State ZIP Code | Unliquidated | | | |
| | Who owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | Nature of lien. Check all that apply. | | | |
| | Debtor 2 only | An agreement you made (such as mortgage or secured | | | |
| | Debtor 1 and Debtor 2 only | car loan) | | | |
| | At least one of the debtors | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | and another Check if this claim relates | Judgment lien from a lawsuit | | | |
| | to a community debt | Other (including a right to offset) | | | |
| | incurred | Last 4 digits of account number1000 | | | |
| 2.2 | OVERLND BOND Creditor's Name | Describe the property that secures the claim: | \$12,291.00 | \$4,725.00 | \$7,566.00 |
| | 4701 W FULLERTON | 2009 Toyota Corolla | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | |
| | | Contingent | | | |
| | CHICAGO IL 60639 | Unliquidated | | | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | Nature of lien. Check all that apply. | | | |
| | Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | and another | Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| | Date debt was incurred | Last 4 digits of account number 6423 | | | |
| | Add the dollar value of y here: | your entries in Column A on this page. Write that number | \$27,000.00 | | |

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| Debte | or 1 Rochelle | | umber (if known) | | |
|-------|---|---|--|---|--------------------------------|
| | | ddle Name Last Name | | | |
| Pa | Additional Page | nic nago number them beginning with 2.2 followed by | Column A | Column B | <i>Column</i> C |
| | 2.4, and so forth. | nis page, number them beginning with 2.3, followed by | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.3 | ACCEPTANCE NOW | Describe the property that secures the claim: | \$4,786.00 | \$1,000.00 | \$3,786.00 |
| | Creditor's Name | | ¬ · · · · · · · · · · · · · · · · · · · | | |
| | 5501 Headquarters Dr Number Street | Stove and Refridgerator As of the date you file, the claim is: Check all that apply. | | | |
| | ATTN: Acceptance Now Customer Service | Contingent | • | | |
| | DI TV 75004 | Unliquidated | | | |
| | Plano TX 75024 City State ZIP Code | Disputed | | | |
| | Who owes the debt? Check one. Debtor 1 only | Nature of lien. Check all that apply. | | | |
| | Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | d | | |
| | Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| | Date debt was | Last 4 digits of account number1410 | | | |
| 0.4 | SELENE FINANCE | | ¢166 141 00 | ¢116 666 66 | \$49,474.34 |
| 2.4 | Creditor's Name | Describe the property that secures the claim: | <u>\$166,141.00</u> | \$116,666.66 | \$45,474.5 4 |
| | 4201 Southwest Fwy Number Street | 7254 S. Washtenaw, Chicago, IL 60629 Value: \$108,514.00 | | | |
| | | As of the date you file, the claim is: Check all that apply | • | | |
| | Houston TX 77027 | Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | Nature of lien. Check all that apply. | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | An agreement you made (such as mortgage or secured car loan) | d | | |
| | At least one of the debtors and another | Statutory lien (such as tax lien, mechanic's lien) | | | |
| | Check if this claim relates to | Judgment lien from a lawsuit | | | |
| | a community debt Date debt was | Other (including a right to offset) | | | |
| | incurred | Last 4 digits of account number | | | |
| 2.5 | US Dept. of HUD Creditor's Name | Describe the property that secures the claim: | \$63,000.00 | \$116,666.66 | \$0.00 |
| | 77 W Jackson Blvd Number Street | 7254 S. Washtenaw, Chicago, IL 60629 Value: \$108,514.00 | | | |
| | | As of the date you file, the claim is: Check all that apply | | | |
| | Chicago IL 60604 | Contingent | | | |
| | City State ZIP Code | Unliquidated | | | |
| | Who owes the debt? Check one. | Disputed | | | |
| | Debtor 1 only | Nature of lien. Check all that apply. | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | An agreement you made (such as mortgage or secured | d | | |
| | At least one of the debtors and | car loan) Statutory lien (such as tax lien, mechanic's lien) | | | |
| | another | Judgment lien from a lawsuit | | | |
| | Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| | Date debt was incurred | Last 4 digits of account number | | | |
| | Add the dollar value of you | r entries in Column A on this page. Write that number | \$233,927.00 | | |
| | here: | | | | |
| | If this is the last page of yo Write that number here: | our form, add the dollar value totals from all pages. | \$260,927.00 | | |

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| Fill | in this infor | mation to identify your c | ase: | | | | | |
|--------------------------------|---|---|--|---|--|--|--|--|
| Deb | otor 1 | Rochelle | | Johnson | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| | otor 2 | | | | | | | |
| (Spc | use, if filing) | First Name | Middle Name | Last Name | | | | |
| Uni | ted States B | ankruptcy Court for the: | Northern | District of Illinois | | | | |
| | | | | (State) | | | | |
| | se number lown) | | | | | | | |
| Of | ficial F | orm 106E/F | | | | Che | eck if this is an | amended filing |
| | | | | | | | | |
| Sc | chedu | ıle E/F: Cre | editors Who | Have Unse | cured Claims | | | 12/15 |
| othe Forn clair the c | er party to a n 106A/B) a ns that are entries in t wn). | any executory contracts and on <i>Schedule G: Exe</i> Ilisted in <i>Schedule D: C</i> he boxes on the left. At | s or unexpired leases that cutory Contracts and Une reditors Who Hold Claims tach the Continuation Pa | could result in a claim expired Leases (Official Secured by Property. | ns and Part 2 for creditors wi a. Also list executory contract Form 106G). Do not include a If more space is needed, copy top of any additional pages, v | s on <i>Sched</i> iny creditor the Part ye | ule A/B: Prop rs with partia ou need, fill i | perty (Official ally secured t out, number |
| Par | t 1: List | All of Your PRIORIT | / Unsecured Claims | | | | | |
| 1. | Do any cr | editors have priority un | secured claims against y | ou? | | | | |
| | ✓ No. (| Go to Part 2. | | | | | | |
| | Yes. | | | | | | | |
| 2. | listed, ider As much a Continuat | ntify what type of claim it as possible, list the claims ion Page of Part 1. If mor | is. If a claim has both priorit | y and nonpriority amoun ling to the creditor's nam particular claim, list the o | | both priority | and nonprior | rity amounts. |
| | | | | | | Tatal | Deigniter | Mannuiauitu |

claim

amount

amount

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Debtor 1 Rochelle Johnson Case number (if known) Middle Name First Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. **✓** Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 cb/carson \$1,075.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3/2014 PO BOX 15521 Number Street As of the date you file, the claim is: Check all that apply. Contingent Delaware 19805 Wilmington Unliquidated City Zip Code State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify _ CreditCard Is the claim subject to offset? **✓** No Yes CB/VICSCRT 4.2 \$393.00 Last 4 digits of account number Nonpriority Creditor's Name 220 W SCHROCK RD When was the debt incurred? 2/2015 Street Number As of the date you file, the claim is: Check all that apply. Contingent WESTERVILLE Ohio 43081 Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify _ CreditCard Is the claim subject to offset? **✓** No Yes City of Chicago Parking 4.3 \$3,000.00 Last 4 digits of account number Nonpriority Creditor's Name 121 N. LaSalle St # 107A When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60602 Disputed State Zip Code City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other Other. Specify _ Is the claim subject to offset? No Yes

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 Debtor 1 First Name
 Rochelle First Name
 Johnson Last Name
 Case number (if known)

| Part 2 | | | |
|--------|--|---|-------------|
| | After listing any entries on this page, number them beginning wit | h 4.5, followed by 4.6, and so forth. | Total claim |
| 4.4 | CMRE. 877-572-7555 Nonpriority Creditor's Name | Last 4 digits of account number 1955 When was the debt incurred? 7/2014 | \$296.00 |
| | 3075 E IMPERIAL HWY STE Number Street | When was the debt incurred? 7/2014 As of the date you file, the claim is: Check all that apply. | |
| | DDFA Collifornia 00004 | Contingent | |
| | BREA California 92821 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another Chack if this plain relates to a community debt | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | debts 001 Collection; Collecting for | |
| | ✓ No | ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA | |
| | Yes | | |
| 4.5 | CMRE. 877-572-7555 Nonpriority Creditor's Name | Last 4 digits of account number 2297 | \$234.00 |
| | 3075 E IMPERIAL HWY STE Number Street | When was the debt incurred? 7/2014 | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | BREA California 92821 | Unliquidated | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL | |
| | ✓ No ☐ Yes | Other. Specify PAYMENT DATA | |
| 4.6 | CMRE. 877-572-7555 | | \$95.00 |
| 7.0 | Nonpriority Creditor's Name 3075 E IMPERIAL HWY STE | Last 4 digits of account number 0165 When was the debt incurred? 7/2014 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | BREA California 92821 City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans Obligations arising out of a congration agreement or | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: MEDICAL | |
| | ✓ No ☐ Yes | Other. Specify PAYMENT DATA | |

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 Debtor 1 First Name
 Rochelle First Name
 Johnson Last Name
 Case number (if known)

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation | Page | |
|--------|---|---|-------------|
| | After listing any entries on this page, number them beginning with | h 4.5, followed by 4.6, and so forth. | Total claim |
| 4.7 | CREDITORS DISCOUNT & A | Last 4 digits of account number 5157 | \$696.00 |
| | Nonpriority Creditor's Name 415 E MAIN ST | When was the debt incurred? 1/2012 | |
| | Number Street | | |
| | | As of the date you file, the claim is: Check all that apply. Contingent | |
| | STREATOR Illinois 61364 | Unliquidated | |
| | City State Zip Code | = ' | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | 브 | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt Is the claim subject to offset? | debts 001 Collection; Collecting for | |
| | No | ORIGINAL CREDITOR: MEDICAL | |
| | Yes | Other. Specify PAYMENT DATA | |
| 4.0 | HARVARD COLLECTION | | Φ0.070.00 |
| 4.8 | Nonpriority Creditor's Name | Last 4 digits of account number0444 | \$2,676.00 |
| | 4839 ELSTON AVE Number Street | When was the debt incurred? 6/2015 | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | CHICAGO Illinois 60630 | Contingent | |
| | City State Zip Code | Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | 브 | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts | |
| | Is the claim subject to offset? | 001 Collection; Collecting for ORIGINAL CREDITOR: IL DEPT | |
| | ✓ No | Other. Specify OF HUMAN SVCS | |
| | Yes | | |
| 4.9 | Illinois Lending Nonpriority Creditor's Name | Last 4 digits of account number | \$2,000.00 |
| | 724 W Washington Blvd | When was the debt incurred?n/a | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | |
| | | Contingent | |
| | Chicago Illinois 60661 | Unliquidated | |
| | City State Zip Code | Disputed | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | |
| | Debtor 2 only | Student loans | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | |
| | Check if this claim relates to a community debt | debts Other. Specify Other | |
| | Is the claim subject to offset? | | |
| | ✓ No | | |
| | Yes | | |

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Debtor 1 Rochelle Johnson Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Illinois Tollway \$0.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2700 Ogden Ave Number As of the date you file, the claim is: Check all that apply. Legal Dept Contingent Unliquidated 60515 Downers Grove Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another Check if this claim relates to a community debt Other. Specify ___ Notice Only Is the claim subject to offset? **✓** No Yes JEFFERSON CAPITAL SYST \$856.00 4.11 6003 Last 4 digits of account number ___ Nonpriority Creditor's Name 1/2017 16 MCLELAND RD When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent SAINT CLOUD 56303 Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 001 UnknownLoanType Is the claim subject to offset? **✓** No Yes 4.12 Navient \$25,193.00 0215 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 9500 When was the debt incurred? 2/1996 Number As of the date you file, the claim is: Check all that apply. Contingent WILKES BARRE 18773 Pennsylvania Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Rochelle Johnson Case number (if known)

| FIRST Na | me Middle Name Last Name | | | |
|-----------------------------|---|---------|----------------------|--------|
| Part 4: Add t | ne Amounts for Each Type of Unsecured Claim | | | |
| | nmounts of certain types of unsecured claims. This information is nounts for each type of unsecured claim. | s for s | tatistical reporting | purpos |
| | | | Total claims | |
| Total claims from Part 1 | 6a. Domestic support obligations. | 6a. | \$0.00 | |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$0.00 | |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$0.00 | |
| | 6d. Other. Add all other priority unsecured claims. Write that | 6d. | \$0.00 | |
| | amount here. | 6. | \$0.00 | |
| | 6e. Total. Add lines 6a through 6d. | 6e. | | |
| | | | Total claims | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$25,193.00 | |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00 | |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$0.00 | |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$11,321.00 | |
| | 6i Total Add lines 6f through 6i | 6i | \$36,514.00 | |

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| Fill in this information to identify your case: | | | | |
|---|--------------------------|-------------|----------------------|--|
| Debtor 1 | Rochelle | | Johnson | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | Northern | District of Illinois | |
| | | | (State) | |
| Case number | | | | |
| (If known) | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| | | | Doo | cument Page | 32 of 68 |
|------------------|--------------------------------|---|-------------------------------|--|---|
| Fill in t | this infor | mation to identify your c | case: | | |
| Debto | r 1 | Rochelle | | Johnson | |
| | | First Name | Middle Name | Last Name | |
| Debto (Spouse | r 2 e, if filing) | First Name | Middle Name | Last Name | |
| United | I States E | ankruptcy Court for the: | Northern | District of Illinois | |
| Case r | number | | | (State) | |
| (If know | | | | | |
| | | | | | Check if this is an amended filing |
| Offi | cial | Form 106H | | | |
| | | - | | | |
| Sch | edul | e H: Your Cod | debtors | | 12/15 |
| 2. | ☐ No ✓ Ye Within t California | s he last 8 years, have you, a, Idaho, Louisiana, Neva b. Go to line 3. s. Did your spouse, for | ada, New Mexico, Puerto Rico | operty state or territory o, Texas, Washington, and alent live with you at the | ? (Community property states and territories include Arizona, d Wisconsin.) |
| | | Name of your spouse, | former spouse, or legal equiv | valent | |
| | | Number Street | | | |
| | | City | State | Zip Code | e |
| 3. | again a | s a codebtor only if tha | t person is a guarantor or | cosigner. Make sure you | if your spouse is filing with you. List the person shown in line 2 I have listed the creditor on Schedule D (Official Form 106D), hedule D, Schedule E/F, or Schedule G to fill out Column 2. |
| | Column | 1: Your codebtor | | | Check all schedules that apply: |
| 3.1 | Danie 1 | lan dun | | | Check all schedules that apply: |
| 0.1 | Power, A | Ariare | | | Schedule D, line 2.1 |

Official Form 106H Schedule H: Your Codebtors page 1

Zip Code

Number

City

Street

State

Schedule E/F, line_____

Schedule G, line

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| | | 200 | Samone | . ago oo | 0.00 | | |
|------------------------------|--|--|---------------------------|-----------------|---------------------|--|-------------------|
| Fill in this i | nformation to identify | your case: | | | | | |
| Debtor 1 | Rochelle | | Johnso | on | | | |
| | First Name | Middle Name | Last Na | ame | — Che | eck if this is: | |
| Debtor 2 | ng) First Name | Middle Name | Last Na | | - - | An amended filing | |
| | | | | | | A supplement showing post-pet | tition chapter 13 |
| the: | es Bankruptcy Court for | Northern | _ District of Illii (S | nois tate) | | expenses as of the following da | |
| Case number (If known) | əi <u> </u> | | | | _ | MM / DD / YYYY | |
| Official | Form 106I | | | | | | |
| Schedu | ule I: Your In | come | | | | | 12/15 |
| spouse. If n number (if I | • | l, attach a separate she y question. | • | | | not include information abo ional pages, write your nam | • |
| 1. Fill in yo | our employment | | Debtor 1 | | | Debtor 2 | |
| | | Employment status | ✓ Emplo | yed | | Employed | |
| attach a informat | ave more than one job, separate page with ion about additional | | Not En | nployed | | Not Employed | |
| employe | ers. | Occupation | | | | _ | |
| | part time, seasonal, or ployed work. | Employer's name | Total Main | tenance Cleanin | g | | |
| | ion may include student | Employer's address | 615 Wheat | | | | |
| | maker, if it applies. | | Number Str | eet | | Number Street | |
| | | | | | | _ | |
| | | | Wood Dale | | 60191 | _ | |
| | | | City | State | Zip Code | City State | Zip Code |
| | | How long employed there? | | | | | |
| Part 2: G | ive Details About N | Nonthly Income | | | | | |
| | monthly income as of t ess you are separated. | the date you file this form | n. If you have | nothing to repo | ort for any line, v | write \$0 in the space. Include yo | our non-filing |
| | our non-filing spouse have e, attach a separate she | | combine the i | nformation for | all employers fo | or that person on the lines below | v. If you need |
| | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
| | | ary, and commissions (befo , calculate what the monthly | | 2. | \$2,643.33 | | |
| 3. Estima | ate and list monthly over | rtime pay. | | 3. | + \$0.00 | | |
| 4. Calcu | late gross income. Add li | ine 2 + line 3. | | 4. | \$2,643.33 | | |
| | | | | | | | |

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| Debto | | hnson | Case numb | oer (if | | |
|----------------------|---|--|------------------------------|---------------------|----------|----------------|
| | First Name Middle Name La | st Name | known) For Debtor 1 | For Debtor 2 or | | |
| | | - 4. | | non-filing spouse | _ | |
| | by line 4 here | | \$2,643.33 | | - | |
| | all payroll deductions: | F - | ф450 Q4 | | | |
| | Tax, Medicare, and Social Security deductions | 5a. | \$458.84 | | _ | |
| | Mandatory contributions for retirement plans | 5b. | \$0.00 | | _ | |
| | Voluntary contributions for retirement plans | 5c. | \$0.00 | | _ | |
| | Required repayments of retirement fund loans | 5d. | \$0.00 | | - | |
| | Insurance Domestic support obligations | 5e. 5f. | \$0.00 | | _ | |
| | • | | \$0.00 | | = | |
| | Union dues Other deductions. Specify: | 5g. 5h. | \$62.83 + \$0.00 | | = | |
| | . Other deductions. Specify: | | \$521.67 | + | - | |
| +5h. | The payron deductions. And lines out 100 100 100 100 100 100 100 100 100 10 | . og 0. | Ψ021.01 | - | - | |
| 7. Cal | culate total monthly take-home pay. Subtract line 6 from line 4 | 7. | \$2,121.67 | | - | |
| 8. List | all other income regularly received: | | | | | |
| 8a. | Net income from rental property and from operating a business, profession, or farm | | | | | |
| | Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$0.00 | | | |
| 8b. | Interest and dividends | 8b. | \$0.00 | | _ | |
| 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | | | | | |
| | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$75.00 | | _ | |
| 8d. | Unemployment compensation | 8d. | \$0.00 | | _ | |
| 8e. | Social Security | 8e. | \$0.00 | | _ | |
| | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: | 8f. | \$0.00 | | | |
| 8g. | Pension or retirement income | 8g. | \$0.00 | | - | |
| 8h. | Other monthly income. Specify: Other - Income Tax Refund | 8h. | + \$625.00 | + | - | |
| | d all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8 | 3h. 9. | \$700.00 | | <u>-</u> | |
| | Iculate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spo | 10. | \$2,821.67 | + | <u> </u> | \$2,821.67 |
| 11. St Inc | ate all other regular contributions to the expenses that you I clude contributions from an unmarried partner, members of your hinds or relatives. not include any amounts already included in lines 2-10 or amoun | ist in <i>Sched</i> ousehold, yo | ur dependents, your roon | | _ | L |
| Spe | ecify: | | | | 11. + | \$0.00 |
| | Id the amount in the last column of line 10 to the amount in the that amount on the Summary of Schedules and Statistical Sum | | | | 12. | \$2,821.67 |
| VVII | ile that amount on the <i>Summary of Schedules and Statistical Sum</i> | mary or certa | am Liabilities and Related I | Data, ii it applies | | Combined |
| 13. D c | you expect an increase or decrease within the year after yo | ou file this fo | orm? | | | monthly income |
| _ | Debtor was on workers compensation but will | be going bac | ck to work in the near futu | re. | | |
| ✓ | Yes. Explain: | ~o going bac | on to work in the field futu | | | |

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| | | Docu | iment Page 35 of 68 | 3 | |
|------------------------------------|--|--|---|--------------------------------------|---------------------------------|
| Fill in this infor | mation to identify yo | ur case: | | | |
| Debtor 1 | Rochelle First Name | Middle Name | Johnson Last Name | | |
| Debtor 2 | | | Last Namo | Check if this is: An amended filing | na |
| (Spouse, if filing) | First Name | Middle Name | Last Name | 브 | howing post-petition chapter 13 |
| United States E | Bankruptcy Court for t | he: Northern | District of Illinois (State) | | the following date: |
| Case number (If known) | _ | | | MM / DD / YYYY | Y |
| Official | Form 106 | J | | | |
| Schedul | e J: Your Ex | kpenses . | | | 12/15 |
| information. If | • | | re filing together, both are equall form. On the top of any addition | | |
| Part 1: Des | cribe Your House | hold | | | |
| 1. Is this a joi | nt case? | | | | |
| No. Go | to line 2 | | | | |
| Yes. D | oes Debtor 2 live in | a separate household? | | | |
| | No | | | | |
| | Yes. Debtor 2 mus | st file Official Forms 106J-2, Exper | nses for Separate Household of Deb | tor 2. | |
| 2. Do you hav | e dependents? | No | | | |
| Do not list D Debtor 2. | Debtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| expenses o | penses include f people other | No | | | |
| than yourself and dependents | _ | Yes | | | |
| · · | | ng Monthly Expenses | | | |
| Estimate your | r expenses as of you of a date after the ba | r bankruptcy filing date unless y | you are using this form as a suppl oplemental Schedule J, check the | • | - |
| | | on-cash government assistance ed it on Sc <i>hedule I: Your Incom</i> e | | | Your expenses |
| | I or home ownership or the ground or lot. 4 | | nclude first mortgage payments and | | \$1,420.00 |
| If not incl | uded in line 4: | | | | |

\$0.00

\$0.00

\$0.00

\$0.00

4a

4b.

4c.

4d.

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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 Debtor 1 First Name
 Rochelle First Name
 Johnson Last Name
 Case number (if known)

| 6. Utilities: 6.a. Electricity, heat, natural gas 6.b. Water, sewer, garbage collection 6.b. Stood, C. Telephone, cell phone, Internet, satellite, and cable services 6.c. Sego, Gd. Other: Specify: 7. Food and housekeeping supplies 8. Soo, Card and housekeeping supplies 8. Soo, Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 11. \$50. 11. Medical and dental expenses 11. \$50. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments 12. \$100. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Leath insurance 15c. Vehicle insurance 15c. Chief. Specify: 17c. Car payments for Vehicle 1 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other. Specif | FIIST Name Middle Name Last Name | | |
|--|---|-----|---------------|
| 6. Utilities: 6.a. Electricity, heat, natural gas 6.b. Water, sewer, garbage collection 6.b. Stood of C. Felephone, cell phone, Internet, satellite, and cable services 6.c. Sepoity: 7. Food and housekeeping supplies 7. Sepoity: 8. Solidace and children's education costs 8. Sol. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. 10. Do not include care payments 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. 12. 5100. 13. Entertainment, clubs, recreation, newspapers, megazines, and books 14. Charitable contributions and religious donations 15. Insurance. 16. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Ushicle insurance 15c. Vehicle | | | Your expenses |
| 6a. Electricity, heat, natural gas 6a. \$64. 6b. Water, sower, garbage collection 6b. \$100. 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$50. 6d. Other, Specify 6d. \$50. 7. Food and housekeeping supplies 7. \$226. 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$775. 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. \$0. 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$100. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 15a. \$32. 15b. Health insurance 15a. \$32. 15b. Health insurance 15a. \$32. 15b. Health insurance 15b. \$0. 15c. Ushicle insurance 15c. \$0. 15c. Ushicle insurance | 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$0.00 |
| 6b. Water, sewer, garbage collection 6b. \$100. 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$50. 6d. Other. Specify: 7. \$226. 7. Food and housekeeping supplies 7. \$228. 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. | 6. Utilities: | | |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Chher. Specify: 6d. S80. 6d. Chher. Specify: 6d. S90. 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. Schildcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. Specify: 12. Transportation, include gas, maintenance, bus or train fare. Do not include care payments 13. Entertainment, clubs, recreation, newspapers, megazines, and books 13. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17c. So. 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17e. Other. Specify: 17e. So. 17e. Shemments you make to support others who do not live with you. Specify: 20. Morapages on other property 20a. Moragages on other property 20b. Real estate taxes. 20b. Roc. Property, homeowner's, or renter's insurance | 6a. Electricity, heat, natural gas | 6a. | \$64.00 |
| 6d. Other. Specify: 6d \$0. 7. Food and housekeeping supplies 7. \$226. 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$100. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 15a. Life insurance 15a. S22. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15b. \$3. 15c. Vehicle insurance. Specify: 15b. Secure Sec | 6b. Water, sewer, garbage collection | 6b. | \$100.00 |
| 7. Food and housekeeping supplies 7. \$226. 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$50.00 |
| 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$75. 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$100. Do not include car payments 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 15a. \$32. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$32. 15b. Vehicle insurance 15b. \$30. \$0. 15c. Vehicle insurance. 15c. Vehicle insurance. 15c. Vehicle insurance. 15c. \$112. 15d. Other insurance. Specify: 15c. \$112. \$0. 15c. Vehicle insurance. Specify: 15c. \$112. 15d. Other insurance. Specify: 15c. \$112. 15d. Other insurance. Specify: 15c. \$0. 17. Installment or lease payments: 17c. Or payments for Vehicle 1 17c. Or payments for Vehicle 2 17b. Specify: </td <td>6d. Other. Specify:</td> <td>6d</td> <td>\$0.00</td> | 6d. Other. Specify: | 6d | \$0.00 |
| 9. Clothing, laundry, and dry cleaning 9. \$75.5 10. Personal care products and services 10. \$75.1 11. Medical and dental expenses 11. \$0. 12. Transportation, Include gars, maintenance, bus or train fare. 12. \$100.0 10. Do not include car payments 13. \$0. 14. Charitable contributions and religious donations 13. \$0. 15. Insurance. 15. \$32. 15b. Health insurance deducted from your pay or included in lines 4 or 20. \$3. \$0. 15c. Vehicle insurance 15c \$112. \$0. 15c. Vehicle insurance. 15c \$150. \$100. \$0. 15c. Vehicle insurance. 15c \$112. \$0. \$0. \$0. \$0. 15c. Vehicle insurance. Specify: 15c \$10. \$0. | 7. Food and housekeeping supplies | 7. | \$226.00 |
| 10. Personal care products and services 10. \$75. 11. Medical and dental expenses 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$100. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$32. 15b. Health insurance 15b. \$0. 15c. Vehicle insurance. 15c. \$112. 15d. Other insurance. Specify: 15c. \$112. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0. Specify: \$0. \$0. 17c. Installment or lease payments: 17a. \$392. 17b. Car payments for Vehicle 1 17a. \$392. 17b. Car payments for Vehicle 2 17b. \$0. 17c. Other. Specify: 17c. \$0. 17c. Other. Specify: 17c. \$0. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Shedule 1, You | 8. Childcare and children's education costs | 8. | \$0.00 |
| 11. Medical and dental expenses 11. \$0. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$100. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 15. \$0. 15. Insurance deducted from your pay or included in lines 4 or 20. 15a. \$32. 15b. Health insurance 15b. \$0. 15c. Vehicle insurance. Specify: 15c. \$112. 15c. Other insurance. Specify: 15c. \$112. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0. Specify: 15c. \$112. 15c. Other insurance. Specify: 15c. \$112. 15c. Other insurance specify: 15c. \$112. 15c. Other insurance. Specify: 15c. \$12. 17c. This insurance. \$15c. \$0. 17c. This insurance. \$15c. \$12. 17c. Other insurance. Specify: 17c. \$0. 17c. Car payments for Vehicle 2 17b. \$0. | 9. Clothing, laundry, and dry cleaning | 9. | \$75.00 |
| 12. Stood | 10. Personal care products and services | 10. | \$75.00 |
| Do not include ar payments 13. 15. | 11. Medical and dental expenses | 11. | \$0.00 |
| 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 30. 35. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$32. 15b. Health insurance 15b. So. 31c. \$15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. \$15c. Vehicle insurance. | | 12. | \$100.00 |
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| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 14. Charitable contributions and religious donations | 14. | \$0.00 |
| 15b. Health insurance 15b \$0. 15c. Vehicle insurance 15c \$112. 15d. Other insurance. Specify: 15d \$0. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0. Specify: 16 \$0. 17. Installment or lease payments: 16 \$0. 17. Local payments for Vehicle 1 17a \$392. 17b. Car payments for Vehicle 2 17b \$0. 17c. Other. Specify: 17c \$0. 17d. Other. Specify: 17c \$0. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106l). 18. 19. Other payments you make to support others who do not live with you. \$0. Specify: 19. \$0. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20c \$0. | | | |
| 15c. Vehicle insurance 15c \$112. | 15a. Life insurance | 15a | \$32.00 |
| 15d. Other insurance. Specify: | 15b. Health insurance | 15b | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. Say2. 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. So. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. \$0. | | 15c | \$112.00 |
| Specify: | 15d. Other insurance. Specify: | 15d | \$0.00 |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. So. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. So. | 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$0. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. \$0. | Specify: | 16 | \$0.00 |
| 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Sto. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Sto. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. \$0. | 17. Installment or lease payments: | 10 | |
| 17c. Other. Specify: | 17a. Car payments for Vehicle 1 | 17a | \$392.00 |
| 17d. Other. Specify: | 17b. Car payments for Vehicle 2 | 17b | \$0.00 |
| 17d. Other. Specify: | 17c. Other. Specify: | 17c | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. \$0. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. \$0. | | 17d | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a. Property, homeowner's, or renter's insurance 20c. \$0. | | | \$0.00 |
| Specify: | | 18. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. \$0. | | 40 | |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. \$0. 20c. Property, homeowner's, or renter's insurance 20c. \$0. | | | \$0.00 |
| 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20c \$0. | | | \$0.00 |
| 20c. Property, homeowner's, or renter's insurance 20c \$0. | | | \$0.00 |
| | | | \$0.00 |
| 20u 90. | | | \$0.00 |
| 20e. Homeowner's association or condominium dues 20e \$0. | | | \$0.00 |

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| Debtor 1 | Rochelle | | Johnson | Case number (if known) | | |
|-----------------|------------------------|--|---------------------------|------------------------|-----|------------|
| | First Name | Middle Name | Last Name | | | _ |
| 21. Othe | r. Specify: | | | | 21 | \$0.00 |
| | | | | | | |
| 22. Calc | ulate your monthly e | xpenses. | | | | \$2,646.00 |
| 22a. A | Add lines 4 through 21 | | | | | \$0.00 |
| 22b. (| Copy line 22 (monthly | expenses for Debtor 2), if any, | from Official Form 106J-2 | | | \$2,646.00 |
| 22c. A | Add line 22a and 22b. | The result is your monthly exp | enses. | | 22. | |
| 23.Calcu | late your monthly ne | et income. | | | | |
| 23a. (| Copy line 12 (your com | nbined monthly income) from | Schedule I. | | 23a | \$2,821.67 |
| 23b. (| Copy your monthly exp | penses from line 22 above. | | | 23b | \$2,646.00 |
| 23c. S | Subtract your monthly | expenses from your monthly in | ncome. | | | \$175.67 |
| • | The result is your mon | thly net income. | | | 23c | |
| mort | | et to finish paying for your car l ase or decrease because of a r | - | | | |
| | | | | | | |

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| Fill in this information to identify your case: | | | | | | | |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1 | Rochelle | | Johnson | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | | | | |
| Case number | | | (, | | | | |

Official Form 106Dec

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Pai | t 1: Sign Below | |
|-----|--|---|
| | Did you pay or agree to pay someone who is NOT an attorney to | help you fill out bankruptcy forms? |
| | ✓ No | |
| | Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | |
| | | |
| | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and |
| | that they are true and correct. | |
| X | /s/ Rochelle Johnson | × |
| | Signature of Debtor 1 | Signature of Debtor 2 |
| | Date 5/2/2017 | Date |
| | MM/DD/YYYY | MM/DD/YYYY |

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| Fill in | n this info | ormation to identify your o | case: | | | | | |
|-----------------|----------------------------------|---|----------------------|----------------------------|------------------|-----------------|------------------|-----------------------------------|
| Debt | or 1 | Rochelle First Name | Middle N | Johnson Jame Last Nan | | - | | |
| Debt (Spou | or 2 se, if filing) | First Name | Middle N | lame Last Nan | ne | - | | |
| Unite | ed States | Bankruptcy Court for the: | Northern | District of Illing | | _ | | |
| Case (If kno | e number wn) | | | (Sta | te) | - | | |
| Off | ficial | Form 107 | | | | | | Check if this is a amended filing |
| | | ent of Financia | al Affairs fo | or Individuals | Filina fo | r Bankru | ptcv | 12/1: |
| Be as | s compl mation. | ete and accurate as po If more space is neede nown). Answer every q | ssible. If two ma | arried people are filing | together, bot | h are equally i | esponsible for s | |
| Part | 1: Giv | e Details About Your | Marital Status | and Where You Lived | Before | | | |
| 1. | What is | s your current marital st | atus? | | | | | |
| | | arried ot married | | | | | | |
| 2. | During | the last 3 years, have yo | ou lived anywhere | other than where you li | ve now? | | | |
| | ✓ No | o es. List all of the places yo | ou lived in the last | 3 years. Do not include | where you live | now. | | |
| | De | ebtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | | Same a | as Debtor 1 | | Same as Debtor 1 |
| | Nu | umber Street | | From To | Number Str | reet | | From To |
| | Ci | ty State | Zip Code | | City | State | Zip Code | |
| | | | | | Same a | as Debtor 1 | | Same as Debtor 1 |
| | Nu | umber Street | | From | Number Str | reet | | From To |
| | Ci | ty State | Zip Code | | City | State | Zip Code | |
| | <i>and territ</i> ☑ No | he last 8 years, did you e ories include Arizona, Califo . Make sure you fill out S | ornia, Idaho, Louis | iana, Nevada, New Mexico | , Puerto Rico, T | | | |

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Johnson Debtor 1 Rochelle Case number (if known) Middle Name First Name Last Name Part 2: Explain the Sources of Your Income Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Sources of income **Gross income Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions and exclusions) exclusions) ✓ Wages, Wages, \$2300.00 From January 1 of current year until commissions, commissions, the date you filed for bankruptcy: bonuses, tips bonuses, tips Operating a Operating a business business Wages, \$25000.00 Wages, For last calendar year: commissions, commissions, 2016 (January 1 to December 31, bonuses, tips bonuses, tips YYYY Operating a Operating a business business Wages, Wages, **✓** \$30000.00 For the calendar year before that: commissions. commissions. (January 1 to December 31, 2015) bonuses, tips bonuses, tips Operating a Operating a business business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income from Describe below. each source Describe below. each source (before deductions (before deductions and exclusions) and exclusions) Est. Workers From January 1 of current year until \$6,000.00 Compensation YTD the date you filed for bankruptcy: For last calendar year: (January 1 to December 31, 2016 For the calendar year before that: (January 1 to December 31, 2015

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Johnson Debtor 1 Rochelle __ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or

vendors
Other

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| or 1 | Rochelle | | | Jo | hnson | Case number | (if known) |
|-------------------|--|--|--|---|--|---|---|
| | First Name | | Middle Name | Las | st Name | | |
| nsi com age | ders include your porations of whic | relatives; and the relatives; are relatives; and the relatives; and the relatives; and the relatives; are relatives; and the relatives; and the relatives; are relatives; and the relatives; and the relatives; and the relatives; are relatives; and the relatives; are relatives; and the relatives; are relatives; are relatives; are relatives; and the relatives; are relatives; a | any general partners an officer, director, ness you operate as | s; relatives of any person in control, | general partners; part or owner of 20% or | nerships of which y more of their voting | who was an insider? you are a general partner; g securities; and any managing r domestic support obligations, |
| ✓ | No | | | | | | |
| | Yes. List all pay | ments to | an insider. | Dates of | Total amount | Amount you | Reason for this payment |
| | | | | payment | paid | still owe | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | City | State | Zip Code | | | | |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| | 0.1 | Otala | 7'- 0-4- | | | | |
| _ | City | State | Zip Code | | | | |
| insi | der? ude payments on No | debts gua | aranteed or cosigne | ed by an insider. | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | Insider's Name | | | | | | |
| | Number Street | | | | | | |
| _ | City | State | Zip Code | | | | |
| | Insider's Name | | | | · | | |
| | Number Street | | | | | | |
| | | | | | | | |
| | City | State | Zip Code | | | | |

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Debtor 1 Rochelle Johnson Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Workers Compensation Cook County Circuit Court Pending Claim Court Name On appeal 50 West Washington Street Case number NumberStreet Concluded Illinois 60602 Chicago City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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| Debt | tor 1 Rochelle | Johnson | Case number (if known) | |
|------|---|------------------------------------|--|------------------------|
| | First Name Middle Name | Last Name | | _ |
| 11. | accounts or refuse to make a payment becaus | | ank or financial institution, set off any am | ounts from your |
| | ✓ No Yes. Fill in the details. | | | |
| | | Describe the action the | e creditor took Date action was taken | Amount |
| | Creditor's Name | | | |
| | Number Street | <u> </u> | | |
| | | Last 4 digits of account r | number: XXXX- | |
| | City State Zip Code | <u> </u> | | |
| 12. | Within 1 year before you filed for bankruptcy, wappointed receiver, a custodian, or another off | | possession of an assignee for the benefit o | of creditors, a court- |
| | ✓ No | | | |
| | Yes | | | |
| Part | t 5: List Certain Gifts and Contributions | | | |
| 13. | Within 2 years before you filed for bankruptcy | , did you give any gifts with a to | otal value of more than \$600 per person? | |
| | No Yes. Fill in the details for each gift. | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value |
| | | | | |
| | Person to Whom You Gave the Gift | <u> </u> | | - |
| | Number Street | | | |
| | City State Zip Code | | | |
| | Person's relationship to you | | | |
| | Person to Whom You Gave the Gift | | | _ |
| | - | | | |
| | Number Street | | | |
| | City State Zip Code | | | |
| | Person's relationship to you | | | |

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| eptor i | Rochelle | | Johnson Case | e number <i>(if known)</i> | | |
|---------|---|---|--|----------------------------|-----------------------------------|------------------------|
| | First Name | Middle Name | Last Name | . , | | |
| | | | | | | |
| . Wit | thin 2 years before you filed f | or bankruptcy, did | you give any gifts or contributions with | a total value of | more than \$600 | to any charity? |
| | 1 No | | | | | |
| ✓ | No | | | | | |
| | Yes. Fill in the details for each | ch gift or contribution | on. | | | |
| | Gifts or contributions to ch | arities | Describe what you contributed | | Date you | Value |
| | that total more than \$600 | anties | bescribe what you contributed | | contributed | Value |
| | that total more than \$600 | | | | Continuated | |
| | | | | | | |
| | Charity's Name | | | | | |
| | | | | | | |
| | | | | | | |
| | Number Street | | | | | |
| | Number Greek | | | | | |
| | City State | Zip Code | | | | |
| | Oity State | Zip Oode | | | | |
| . c. | List Certain Losses | | | | | |
| ٠٠. | Liot Gortain Lococo | | | | | |
| | No Yes. Fill in the details. Describe the property you I how the loss occurred | ost and | Describe any insurance coverage for Include the amount that insurance has | s paid. List | Date of your loss | Value of property lost |
| | | | pending insurance claims on line 33 c | of Schedule | | |
| | | | A/B: Property. | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| . Wit | out seeking bankruptcy or pre | r bankruptcy, did y eparing a bankrupt | | | | anyone you consulte |
| . Wit | thin 1 year before you filed for out seeking bankruptcy or pro lude any attorneys, bankruptcy No | r bankruptcy, did y eparing a bankrupt | | | | anyone you consulte |
| Wit | thin 1 year before you filed for out seeking bankruptcy or pro- lude any attorneys, bankruptcy | r bankruptcy, did y eparing a bankrupt | cy petition? | | | anyone you consulte |
| Wit | thin 1 year before you filed for out seeking bankruptcy or pro lude any attorneys, bankruptcy No | r bankruptcy, did y eparing a bankrupt | cy petition? r credit counseling agencies for services rec Description and value of any proper | quired in your bar | nkruptcy. Date payment | anyone you consulte |
| Wit | thin 1 year before you filed for out seeking bankruptcy or pro lude any attorneys, bankruptcy No | r bankruptcy, did y eparing a bankrupt | cy petition? r credit counseling agencies for services rec | quired in your bar | Date payment or transfer | |
| Wit | thin 1 year before you filed for out seeking bankruptcy or pro lude any attorneys, bankruptcy No | r bankruptcy, did y eparing a bankrupt | cy petition? r credit counseling agencies for services rec Description and value of any proper | quired in your bar | nkruptcy. Date payment | Amount of |
| Wit | thin 1 year before you filed for out seeking bankruptcy or pro lude any attorneys, bankruptcy No | r bankruptcy, did y eparing a bankrupt | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer | Amount of |
| Wit | thin 1 year before you filed for out seeking bankruptcy or pro lude any attorneys, bankruptcy No Yes. Fill in the details. | r bankruptcy, did y eparing a bankrupt | cy petition? r credit counseling agencies for services rec Description and value of any proper | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid | r bankruptcy, did y eparing a bankrupt | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produde any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm | r bankruptcy, did y eparing a bankrupt | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue | r bankruptcy, did y eparing a bankrupt | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue | r bankruptcy, did y eparing a bankrupt | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street | r bankruptcy, did y eparing a bankrupt petition preparers, or | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois | r bankruptcy, did y eparing a bankrupt petition preparers, or | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois | r bankruptcy, did y eparing a bankrupt petition preparers, or | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois | r bankruptcy, did y eparing a bankrupt petition preparers, or | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payments | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Paymen | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payments | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Paymen | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payme Person Who Was Paid Number Street | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Paymen | r bankruptcy, did y eparing a bankrupt petition preparers, or reparers, or reparers | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payme Person Who Was Paid Number Street | r bankruptcy, did y eparing a bankrupt petition preparers, or 60643 Zip Code | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payme Person Who Was Paid Number Street | r bankruptcy, did y eparing a bankrupt petition preparers, or 60643 Zip Code | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |
| . Wit | thin 1 year before you filed for but seeking bankruptcy or produce any attorneys, bankruptcy. No Yes. Fill in the details. Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street Chicago Illinois City State Email or website address Person Who Made the Payme Person Who Was Paid Number Street | r bankruptcy, did y eparing a bankrupt petition preparers, or 60643 Zip Code ent, if Not You Zip Code | r credit counseling agencies for services red Description and value of any proper transferred | quired in your bar | Date payment or transfer was made | Amount of payment |

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| Deb | or 1 | Rochelle | | Johnson | Case number (if known) | | |
|-----|------|---|--------------------------|--|-------------------------------|--------------------------------------|------------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 17. | help | hin 1 year before you filed p you deal with your credi not include any payment or No | tors or to make payme | | our behalf pay or transfer a | ny property to anyon | e who promised to |
| | П | Yes. Fill in the details. | | | | | |
| | | | | Description and value of a transferred | | Date Am payment or transfer was made | ount of payment |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | Incl | ordinary course of your be ude both outright transfers a transfers that you have alrea No Yes. Fill in the details. | and transfers made as se | ecurity (such as the granting of | | | o not include gifts Date |
| | | | | property transferred | payments rec in exchange | eived or debts paid | transfer was made |
| | | Person Who Received Tran | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to yo | Zip Code u | | | | |
| | | Person Who Received Trans | nsfer | | | | |
| | | Number Street | | | | | |
| | | City State Person's relationship to yo | Zip Code u | | | | |
| 19. | ben | hin 10 years before you file reficiary? ese are often called asset-pro No Yes. Fill in the details. | | you transfer any property to | a self-settled trust or simil | ar device of which yo | ou are a |
| | | | | Description and value of | the property transferred | | Date transfer was made |
| | | Name of trust | | | | | |

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Debtor 1 Rochelle Johnson Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number City State Zip Code

City

State

Zip Code

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Johnson Debtor 1 Rochelle Case number (if known) Middle Name First Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

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| Deb | | Rochelle | | | Johnson | Case n | umber <i>(if ki</i> | nown) | | |
|------|------|----------------------------|----------------------|----------------------|-------------------------|------------------------|---------------------|--------------|------------------------------------|--------------------|
| | | First Name | Middle | Name | Last Name | | | | | |
| 26. | Hav | | y in any judicial or | administrative | proceeding under | any environmental | law? Inc | lude settlem | ents and orde | rs. |
| | | No Yes. Fill in the det | ails. | | | | | | | |
| | | | | Court | t or agency | | Nature of | the case | | Status of the case |
| | | Case title | | | Nama | | | | | Pending |
| | | | | Court | : Name | | | | | On appeal |
| | | Case number | | Numb | oer Street | _ | | | | Concluded |
| | | • | | City | State | Zip Code | | | | _ |
| Part | 11: | Give Details Ab | out Your Busine | ess or Conne | ctions to Any Bu | siness | | | | |
| 27. | Witl | nin 4 years before | you filed for bankı | ruptcy, did you | own a business or | have any of the foll | owing co | nnections to | any business | ? |
| | | A sole propri | etor or self-employ | ved in a trade, p | orofession, or other | activity, either full- | time or pa | art-time | | |
| | | | | | or limited liability pa | | | | | |
| | | A partner in a | - | . , , | | , | | | | |
| | | An officer, dir | rector, or managin | g executive of a | a corporation | | | | | |
| | | An owner of a | at least 5% of the | voting or equity | securities of a corp | ooration | | | | |
| | | No None of the o | baya annlias Ca | to Dort 10 | | | | | | |
| | 뇓 | | bove applies. Go | | la balaw for agab b | v Join oo | | | | |
| | Ш | res. Crieck all tria | ат арріу ароче ап | u III III tile detai | Is below for each b | | | Faralassa Id | | b Do not |
| | | | | | Describe the natu | ire of the business | | | entification no ial Security no | |
| | | Business Name | | | | | | EIN: | | |
| | | Number Street | | | Name of accounts | ant or bookkeeper | | Dates busin | ess existed | |
| | | City | State Zip | p Code | Name of accounts | ant or bookkeeper | | From | To | |
| | | Only | 21, | p codo | | | | FIOIII | То | |
| | | | | | | | | | | |
| | | | | | Describe the natu | ire of the business | | | entification no ial Security no | |
| | | Business Name | | | | | | EIN: | | |
| | | Number Street | | | | | | Dates busin | ess existed | |
| | | | | | Name of account | ant or bookkeeper | | | 000 0/11010 2 | |
| | | City | State Zip | p Code | | | | From | To | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | Describe the natu | ire of the business | | | entification no ial Security no | |
| | | Business Name | | | | | | EIN: | | |
| | | Number Street | | | | | | Dates busin | ess existed | |
| | | | | | Name of accounta | ant or bookkeeper | | | | |
| | | City | State Zip | p Code | | | | From | To | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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| Debt | or 1 Roch | elle | | | Johnson | Case number (if known) |
|------|-------------|---------------------------------|------------------|------------------|------------------------------|--|
| | First I | Name | Mide | dle Name | Last Name | |
| 28. | creditor | years before s, or other pai | | kruptcy, did yo | ou give a financial stateme | ent to anyone about your business? Include all financial institutions, |
| | ✓ No Yes | . Fill in the det | ails below. | | | |
| | | | | | Date issued | |
| | Nar | me | | | MM/DD/YYYY | |
| | Nu | mber Street | | | _ | |
| | City | / | State | Zip Code | _ | |
| Part | 12: Sig | n Below | | | | |
| tı | rue and c | orrect. I unde tcy case can | rstand that mal | cing a false sta | tement, concealing prope | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | | | Rochelle Johnsor | 1 | | * |
| | | Signatu | re of Debtor 1 | | | Signature of Debtor 2 |
| | | Date | 5/2/2017 | | | Date |
| D | oid you at | tach addition | al pages to You | r Statement of | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| | ✓ No Yes | | | | | |
| D | oid you pa | y or agree to | pay someone w | ho is not an at | torney to help you fill out | bankruptcy forms? |
| Į , | ✓ No | | | | | |
| Ē | Yes. N | lame of person | l | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | Northe | rn District of Illinois | |
|------|---|--|----------------------------------|
| n re | Rochelle Johnson | Case No. | |
| _ | Debtor | | (If known) |
| | | Chapter | Chapter 13 |
| | DISCLOSURE OF COMPENS | SATION OF ATTORNEY | FOR DEBTOR |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the fill rendered or to be rendered on behalf of the debtor(s) in | ing of the petition in bankruptcy, or agreed | I to be paid to me, for services |
| | For legal services, I have agreed to accept | | \$4,000.00 |
| | Prior to the filing of this statement I have received | | \$350.00 |
| | Balance Due | | \$3,650.00 |
| 2. | The source of the compensation paid to me was: | | |
| | ✓ Debtor Othe | er (specify) | |
| 3. | The source of the compensation paid to me is: | | |
| | ✓ Debtor Othe | er (specify) | |
| 4. | I have not agreed to share the above-disclosed cormembers and associates of my law firm. | mpensation with any other person unless th | hey are |
| | I have agreed to share the above-disclosed compermembers or associates of my law firm. A copy of the people sharing in the compensation, is attached | ne agreement, together with a list of the na | |
| 5. | In return for the above-disclosed fee, I have agreed to r a. Analysis of the debtor's financial situation, and bankruptcy; | | |
| | b. Preparation and filing of any petition, schedule | s, statements of affairs and plan which may | y be required; |
| | c. Representation of the debtor at the meeting of | creditors and confirmation hearing, and an | y adjourned hearings thereof; |
| | d. Representation of the debtor in adversary process | eedings and other contested bankruptcy m | atters; |
| 6. | By agreement with the debtor(s), the above-disclosed f | ee does not include the following services: | : |
| | | | |
| | | CERTIFICATION | |
| ı | certify that the foregoing is a complete statement of any | | o me for representation of the |
| | tor(s) in this bankruptcy proceedings. | | · |
| | 5/2/2017 | /s/ Sean McNulty | |
| | Date | Signature of Attorney | |
| | | Semrad Law Firm | |
| | | Name of law firm | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Johnson, Rochelle | Case No. | Case No. | | |
|-----------------|-------------------|--|-------------------------------------|--|--|
| | Debtor(s) | | | | |
| | | Chapter. | Chapter13 | | |
| | VERIFIC | CATION OF CREDITOR MAT | RIX | | |
| Th knowledge | | y that the attached list of creditors is tru | ue and correct to the best of their | | |
| Date: | 5/2/2017 | /s/ Johnson, Roc | chelle | | |
| | | Johnson, Rochel Signature of Deb | | | |

Navient PO BOX 9500 WILKES BARRE, PA, 18773

Santander Consumer USA ATT POC: Janiscia Jackson PO Box 961245 Fort Worth, TX, 76161

OVERLND BOND 4701 W FULLERTON CHICAGO, IL, 60639

ACCEPTANCE NOW 6288 Dawson Blvd Norcross, GA, 30093

HARVARD COLLECTION 4839 ELSTON AVE CHICAGO, IL, 60630

cb/carson PO BOX 15521 Wilmington, DE, 19805

JEFFERSON CAPITAL SYST 16 MCLELAND RD SAINT CLOUD, MN, 56303

CREDITORS DISCOUNT & A 415 E MAIN ST STREATOR, IL, 61364

CB/VICSCRT 220 W SCHROCK RD WESTERVILLE, OH, 43081

CMRE. 877-572-7555 3075 E IMPERIAL HWY STE BREA, CA, 92821

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602 Illinois Tollway PO Box 5544 Chicago, IL, 60680

Illinois Lending 1990 E Algonquin Rd Ste 180 Schaumburg, IL, 60173

SELENE FINANCE 9990 Richmond Avenue Ste. 400 South Houston, TX, 77042

US Dept. of HUD 77 W Jackson Blvd Chicago, IL, 60604

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| Debtor 1 Rochelle First Name | Middle Name | Johnson | Case number (if known) _ | |
|--|--|---|--|--|
| | | Last Name | | |
| Part 6: Answer These Qu | estions for Reporting Purpose 16a. Are your debts primarily | | Consumer debts are defi | ned in 11 U.S.C. § 101(8) as |
| you have? | "incurred by an individua No. Go to line 16b. Yes. Go to line 17. | al primarily for a perso | nal, family, or household | d purpose." |
| As permanents. | 16b. Are your debts primarily | | | = |
| The state of the s | money for a business or i | investment or through | n the operation of the bu | usiness or investment. |
| | Yes. Go to line 17. 16c. State the type of debts ye | ou owe that are not co | nsumer debts or busine | ess debts. |
| ^{17.} Are you filing under Chapter 7? | No. I am not filing under Cha | apter 7. Go to line 18. | ren. Nadara urtransa karala iradi iradi karan karan maji mbu urtra saka karan sebangan karansasa | |
| Do you estimate that after any exempt property is excluded | expenses are paid that t | | t after any exempt proper o distribute to unsecured c | ty is excluded and administrative reditors? |
| and administrative expenses are paid that | ☐ No. : ☐ Yes. | | | |
| funds will be available for distribution to | . | | | |
| unsecured creditors? 18. How many creditors | □ 1-49 | 1,000-5,00 | 10 · · . · . · . · . · . · . · . · . | 7 25,001-50,000 |
| do you estimate that | 50-99 | 5,001-10,0 | Rea . | 50,001-100,000 |
| you owe? | 100-199 200-999 | 10,001-25 | ,000 <u>L</u> | More than 100,000 |
| ^{19.} How much do you | \$0-\$50,000 \$50,001-\$100,000 | Secured | I-\$10 million [D1-\$50 million [| \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion |
| estimate your assets to be worth? | \$100,001-\$500,000 | Semanti | 01-\$100 million | \$10,000,000,001-\$10 billion |
| | \$500,001-\$1 million | tament | 001-\$500 million | More than \$50 billion |
| ^{20.} How much do you estimate your | \$0-\$50,000 \$50,001-\$100,000 | haved | -\$10 million [01-\$50 million [| \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion |
| liabilities to be? | \$100,001-\$500,000 \$500,001-\$1 million | Summed | 01-\$100 million [001-\$500 million [| \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below | T 4000,001-41 minion | \\ \psi \ | <u></u> | Wore than \$50 billion |
| For you | I have examined this petition, a correct. | nd I declare under per | alty of perjury that the i | nformation provided is true and |
| | If I have chosen to file under Ch | | | ible, under Chapter 7, 11,12, or 13 |
| | of title 11, United States Code. I understand the relief available under each chapter, and I choose to pro under Chapter 7. | | | hapter, and I choose to proceed |
| | If no attorney represents me and out this document, I have obtain | | | |
| | I request relief in accordance wi | • | | · |
| | | case can result in fines | | ney or property by fraud in orisonment for up to 20 years, or |
| | both. 18 U.S.C. §§ 152, 1341, | 1519, and 3571. | A .M _ / | |
| | /s/ Rochelle Johnson Signature of Debtor 1 | MANNER | Signature of Debt | or 2 |
| | Executed on5/2/2017 | | Executed on _ | · |
| | MM / DD |) / YYYY | | MM / DD / YYYY |

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| Fill in this info | rmation to identify your o | case: | | |
|---------------------------|----------------------------|-----------------------------|--|---|
| Debtor 1 | Rochelle | | Johnson | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States I | Bankruptcy Court for the: | Northern | District of Illinois | |
| _ | | | (State) | |
| Case number (If known) | <u> </u> | | | <u> </u> |
| | | | | Check if this is a |
| Official | Form 106De | eC - | | amended filing |
| | | | | |
| Declarat | tion About an | Individual Deb | tor's Schedules | 12/19 |
| If two married | people are filing togeth | er, both are equally respo | onsible for supplying correct | t information. |
| | | | , | |
| Part 1: Sign | | eone who is NOT an attor | ney to help you fill out bank | runtcy forms? |
| | a, or agree to pay com | | noy to notp you mit out burne | raptoy tormor |
| ✓ No | • | | | |
| Yes. | Name of person | | Attach Bankruptcy Pe Signature (Official Fo | etition Preparer's Notice, Declaration, and rm 119). |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | re that I have read the sur | mmary and schedules filed w | vith this declaration and |
| that they | are true and correct. | | . AA A. | |
| X /s/ Roch | elle Johnson | MIN LIVING | MVYVX | |
| Signature | | JIJIW/VVM ///W/V | | |
| | of Debtor 1 | | Signature | of Debtor 2 |
| Data E/2/ | | | Signature o | of Debtor 2 |

MM/DD/YYYY



MM/DD/YYYY

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| Debtor | 1 Rochelle | | Johnson | Case number (if known) |
|----------|--|-----------------------------|-------------------------------|---|
| | First Name | Middle Name | Last Name | etikkirikanna eti erireni eti tikun eti eti eti eti eti suunin arakannan arak |
| | ithin 2 years before y editors, or other part | | you give a financial staten | nent to anyone about your business? Include all financial institutions, |
| <u> </u> | No Yes. Fill in the deta | ils below. | | |
| L | - | | Date issued | |
| | Name | | MM/DD/YYYY | _ |
| | | | | |
| | Number Street | | | |
| | City | State Zip Code | | |
| Part 12 | Sign Below | | | |
| a ba | x /s/R | ochelle Johnson | , or imprisonment for up to | o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | J | | <i>V</i> | Date |
| | Date 5 | /2/2017 | | |
| Did | you attach additiona | I pages to Your Statement o | f Financial Affairs for Indiv | riduals Filing for Bankruptcy (Official Form 107)? |
| 7 | No | | | |
| | Yes | | | |
| Did | you pay or agree to p | oay someone who is not an a | ttorney to help you fill out | bankruptcy forms? |
| 7 | No | | | |
| | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Johnson, Rochelle | Case No | |
|---------------|--|---|--------------------------------------|
| | Debtor(s) | Gase NO. | |
| | | Chapter | Chapter13 |
| | VERIFIC | ATION OF CREDITOR MA | TRIX |
| - knowledg | The above named Debtors hereby verify ge. | that the attached list of creditors is t | rue and correct to the best of their |
| Oate: | 5/2/2017 | /s/ Johnson, Ro Johnson, Roch Signature of De | elle WWWW |

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| Debto | or 1 Rochelle | | Johnson | Case number (if known) | |
|--------|--|---|--------------------------|--|---|
| | First Name | Middle Name | Last Name | | |
| 16. | Calculate the median far | mily income that applies to | you. Follow these st | | A CONTRACTOR CONTRACTOR AND |
| | 16a. Fill in the state in whi | ch you live. | Illinois | | |
| | 16b. Fill in the number of p | people in your household. | . 1 | | |
| | household | ily income for your state and | То | find a list of applicable median income amounts, go online | \$50,765.00 |
| 17. | using the link specifie How do the lines compar | · | for this form. This lis | t may also be available at the bankruptcy clerk's office. | |
| | | | | his form, check box 1, <i>Disposable income is not determined lation of Disposable Income</i> (Official Form 122C-2). | 3 |
| | U.S.C. § 1325(b) | | t Calculation of Disp | check box 2, Disposable income is determined under 11 posable Income (Official Form 122C-2). On line 39 of that | |
| Part (| Calculate Your Co | mmitment Period Unde | r 11 U.S.C. §1325 | i(b)(4) | |
| 18. | Copy your total average | monthly income from line 1 | 1. | | \$2,998.31 |
| 19. | | | | se is not filing with you, and you contend that calculating the of your spouse's income, copy the amount from line 13. | ÷ |
| | 19a. If the marital adjustme | ent does not apply, fill in 0 on | line 19a. | | -\$0.00 |
| | 19b. Subtract line 19a fro | om line 18. | | | \$2,998.31 |
| 20. | Calculate your current m | onthly income for the year | Follow these steps: | | |
| | 20a. Copy line 19b. | | | | \$2,998.31 |
| | Multiply by 12 (the nu | imber of months in a year). | | | x 12 |
| | 20b. The result is your curr | ent monthly income for the y | ear for this part of the | form. | \$35,979.72 |
| | 20c. Copy the median fam | ily income for your state and | size of household fro | m line 16c. | \$50,765.00 |
| 21. | How do the lines compar | e? | | | |
| | Line 20b is less than li commitment period is | | ered by the court, on | the top of page 1 of this form, check box 3, The | |
| | | or equal to line 20c. Unless o eriod is 5 years. Go to Part 4. | therwise ordered by t | he court, on the top of page 1 of this form, check box | |
| Part 4 | Sign Below | | | | |
| | By signing here, I decla | are under penalty of perjury th | at the information on | this statement and in any attachments is true and correct. | |
| | /s/ Rochelle Jo | | | * Rothell Mollog | 1 |
| | Signature of Debto | or 1 | | Signature of Děbtor 2 | |
| | Date 5/2/2017 MM/DD/YY | <u> </u> | | Date MM/DD/YYYY | |
| | | NOT fill out or file Form 122 out Form 122C-2 and file it | | e 39 of that form, copy your current monthly income from line | ÷14 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$77.00 for expenses, leaving a balance due of \$4,037.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 5/2/2017 | |
|-----------|-----------------------------|------------------------|
| Signed: | Root all Cooking | |
| /s/ Roch | elle Johnson POWILL JOHNSON | |
| | | /s/ Sean McNulty |
| Debtor(s) | | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.